

## Fire Safety Policy

<b>Approved By:</b>	Risk Committee
<b>Date of Original Approval:</b>	04 July 2002 – Trust Board
<b>Trust Reference:</b>	<b>B25/2024</b> (formerly A7/2002 – reclassified at the 11 April 2024 Trust Board)
<b>Version:</b>	1 (as a category B policy)
<b>Supersedes:</b>	16 October 2020 PGC
<b>Trust Lead:</b>	Michael Blair – Associate Director, Health, Safety, Compliance (Estates & Facilities)
<b>Board Director Lead:</b>	Julie Hogg – Chief Nurse
<b>Date of Latest Approval</b>	4 June 2024 – Risk Committee
<b>Next Review Date:</b>	June 2027

## CONTENTS

---

<b>Section</b>		<b>Page</b>
<b>1</b>	Introduction and Overview	4
<b>2</b>	Policy Scope	5
<b>3</b>	Definitions and Abbreviations	5
<b>4</b>	Roles and Responsibilities	7
<b>5</b>	Policy Implementation and Associated Documents	14
<b>6</b>	Education and Training	15
<b>7</b>	Process for Monitoring Compliance	16
<b>8</b>	Equality Impact Assessment	18
<b>9</b>	Supporting References, Evidence Base and Related Policies	18
<b>10</b>	Process for Version Control, Document Archiving and Review	19

<b>Appendices</b>		<b>Page</b>
<b>A</b>	UHL Fire Safety Structure	20
<b>B</b>	Fire Safety Training Needs Analysis	21
<b>C</b>	Fire Evacuation Procedure (Inpatient)	22
<b>D</b>	Fire Evacuation Procedure (Outpatient)	24
<b>E</b>	Personal Emergency Evacuation Plan Assessment (PEEP)	26
<b>F</b>	Personal Emergency Evacuation Plan (PEEP)	28
<b>G</b>	Local Induction Checklist	30
<b>J</b>	Fire Safety Guidelines: I. Arson Prevention II. Control of Fuel Sources III. Control of Oxygen and Oxidisers IV. Fire Stopping	34

**REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

---

SECTION	SUMMARY OF CHANGES	DATE
Throughout	Replacement of RRO with FSO.	Jan 24
Definitions	3.5 - FRA added to title.	Jan 24
Roles	Changes were made to update titles/roles and responsibilities	Jan 24
Associated Documents	5.2 – the following documents removed:- <ul style="list-style-type: none"> <li>▪ Fire safety Management; Fire Prevention - Ignition Sources</li> <li>▪ Fire Safety Management; Fire Prevention - Induction Booklet</li> <li>▪ Fire Safety Management; Fire Prevention - Risk Assessment</li> </ul>	Jan 24
Associated Documents	5.2 - Fire safety Management; Fire Prevention – Oxygen replaced with Fire Safety Management Fire Prevention – Oxygen and Oxidisers.	Jan 24
Associated Documents	5.2 Fire Safety Management; Fire Prevention – Fire Stopping added to the list.	Jan 24
Education & Training	Minor grammatical changes throughout	Jan 24
Monitoring Compliance	Minor grammatical changes throughout	Jan 24
Related Policies	Building Safety Act added to the list	Jan 24
Appendices	The following Appendices have been removed:- <ul style="list-style-type: none"> <li>▪ Fire / Unwanted Signal Fire Report.</li> <li>▪ Switchboard Fire Signal Notification.</li> <li>▪ Project Notification.</li> </ul>	Jan 24
Appendix A	New UHL Fire Safety Management Structure replacing old version	Jan 24
Appendix B	Minor changes to Training Needs Analysis table.	Jan 24
Appendix C & D	Two new documents replacing the old Evacuation Procedure Form.	Jan 24
Appendix G	New Local Induction Form replacing the old document.	Jan 24

**KEY WORDS**

Evacuation  
 Fire  
 Fire Evacuation Procedure  
 Fire Officer  
 Fire Policy  
 Fire Risk Assessment (FRA)  
 Fire Safety Training  
 Fire Warden  
 PEEP

---

## **1 INTRODUCTION AND OVERVIEW**

---

- 1.1** Operational Fire Safety is reliant on both physical fire precautions and effective management. This policy provides guidance in respect of the management of fire safety within the University Hospitals of Leicester (UHL) NHS Trust.
- 1.2** The Trust recognises that the effective implementation of its Fire Management Policies, Procedures and guidance depends on managers, staff and other representatives working together at all levels to ensure safe working practices are identified and implemented. In so doing, the Trust complies with its statutory requirements in respect of Fire Safety Management.
- 1.3** It ensures that suitable and sufficient governance protocols are in place to manage fire-related matters and demonstrates due diligence to minimise the incidence of fire throughout all activities provided by, or on behalf of the Trust.
- 1.4** Where fire does occur, this policy aims to minimise the impact of such occurrence on life safety, the delivery of patient care, the environment and property.
- 1.5** The healthcare environment offers unique challenges due to the wide ranging nature of the building types, their complexity and the diverse range of users and occupiers.
- 1.6** The Regulatory Reform (Fire Safety) Order 2005 (FSO) requires a managed risk approach to fire safety. The process of fire risk assessment, mitigation and review requires a robust system of management capable of identifying hazards, qualifying their impact, devising appropriate mitigation and continual monitoring.
- 1.7** In order to meet these requirements and to manage Fire Safety, the Trust will ensure measures are in place as set out below:

- 
- a) Having a clearly defined fire safety policy covering all buildings occupied by the Trust;
  - b) Outlining key roles and responsibilities that reflect the organisation and size of the Trust;
  - c) Nominating a board level director accountable to the Chief Executive for Fire Safety;
  - d) Nominating a Fire Safety Manager to take a lead on all fire safety activities;
  - e) Establishing and implementing effective Fire Safety Protocols;
  - f) Ensuring fire safety arrangements are implemented and effective;
  - g) Ensure there are sufficient competent persons in post to implement and maintain the fire safety arrangements.
-

## **2 POLICY SCOPE**

---

- 2.1** This policy applies wherever University Hospitals of Leicester NHS Trust owes a duty of care to Patients, Service Users and Staff.
- 2.2** This policy is applicable to all staff employed by the Trust, either directly or indirectly, and to any other person or organisation which uses Trust services or premises for any purpose.
- 2.3** It will also apply to bank, temporary staff, volunteers, young workers and contractors working on Trust business.
- 2.4** It details a clearly defined management structure for the delivery, control and monitoring of fire safety measures, enabling it to be shared across the organisation. See Appendix A.
- 2.5** Independent or third party contractors in Trust owned, controlled or occupied premises, although not specifically covered by this policy, shall have in place suitable fire safety arrangements to demonstrate how they satisfy the duties placed upon them by the FSO.
- 2.6** Under Article 22 of the FSO there is an explicit duty to ensure that all reasonable steps are taken to co-operate and to co-ordinate fire safety measures where two or more responsible persons share, or have duties in respect of, premises (whether on a temporary or a permanent basis) to comply with the requirements and prohibitions imposed on them by or under the Order.

## **3 DEFINITIONS AND ABBREVIATIONS**

---

### **3.1 Assurance:**

A positive declaration intended to give confidence.

### **3.2 BS:**

British Standard - the specification of recommended procedure, quality of output, terminology, and other details, in a particular field, drawn up and published by the British Standards Institution.

### **3.3 Competence:**

The combination of training, skills, experience, knowledge and behaviours that a person has and their ability to apply them to perform a task safely and effectively.

### **3.4 Competent Person**

The nature of 'competent person' is clearly associated with 'competence'. The qualities present in the person must be akin to those expected of any person in that profession, but will by definition be limited by training, experience, knowledge or other qualities; in accordance with the complexity of the task at hand. It follows that as a task increases in complexity, so the expected ability of the competent person will also increase.

### **3.5 Fire Risk Assessment (FRA):**

A fire risk assessment is a process involving the systematic evaluation of the factors that determine the hazard from fire, the likelihood that there will be a fire and the consequences if one were to occur.

### **3.6 FSO:**

The Regulatory Reform (Fire Safety) Order 2005 is a statutory instrument, applicable only in England and Wales. The Order places the responsibility on individuals within an organisation to carry out risk assessments to identify, manage and reduce the risk of fire.

### **3.7 HTM:**

Health Technical Memoranda (HTMs) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

### **3.8 HTM 05 Series:** (listed in Section 9)

This guidance sets out the Department of Health's policy on Fire Safety in the NHS in England; it includes best practice guidance on management arrangements for fire safety; often referred to as the "Fire Code".

### **3.9 LFRS:**

Leicestershire Fire and Rescue Service; the local Enforcement Authority for Fire Safety.

### **3.10 PEEP:**

A Personal Emergency Evacuation Plan.

### **3.11 Responsible Person:**

A Responsible Person in terms of Fire Safety legislation is someone who has control of a premises and or workplace – either through ownership or management with the authority to influence change.

### **3.12 Significant Findings**

A noteworthy or important observation recorded as part of the Fire Risk Assessment process.

### **3.13 UwFS:**

An Unwanted Fire Signal is defined as "any alarm signal other than a genuine fire or test signal". Any false alarm which is subsequently passed to the Fire and Rescue Service is classed as an "Unwanted Fire Signal".

## **4 ROLES**

---

**4.1** The Trust has identified specific responsibilities to be discharged at various levels throughout the organisation's management structure to facilitate compliance with the FSO and the HTM 05 Series.

The Trust Fire Safety structure is illustrated in Appendix A.

### **4.2 Trust Board**

Overall responsibility for Fire Safety will rest with the Trust Board. The Trust Board have overall accountability for the activities of the organisation. The Trust Board should ensure that it receives appropriate assurance of compliance with Trust Policy, Legislation, Codes of Practice and Guidance Documents.

### **4.3 Trust Chief Executive Officer (CEO)**

- 4.3.1 The Chief Executive Officer is nominated the “Responsible Person” for the Trust as defined in the FSO.
- 4.3.2 The Chief Executive Officer has overall responsibility for ensuring, through suitable delegation, that suitable and sufficient arrangements, policies and work programmes are implemented to comply with current Fire Legislation, Guidance and Best Practice in all premises owned or occupied by the Trust.
- 4.3.3 They also are responsible for the appointment of an Executive Director responsible for Fire Safety Management.

### **4.4 Nominated Executive Director Responsible for Fire**

- 4.4.1 The Chief Nurse is responsible for championing Fire Safety Issues at Board level and represents the Trust Chief Executive Officer.

### **4.5 Director of Estates, Facilities & Sustainability**

- 4.5.1 The main duties of the Director of Estates, Facilities & Sustainability include:
- a) Appointing a Fire Safety Manager (FSM) and other ‘Competent Persons’ to assist in undertaking the measures needed to comply with the requirements and prohibitions of the FSO;
  - b) Establish corporate fire safety arrangements for planning, organising, controlling and review of all fire safety arrangements;
  - c) Report performance to the Trust Board biannually or at a more frequent timescale as directed by the Trust Board;
  - d) Present the Annual Fire Safety Report to the Trust Board.

### **4.6 Associate Director of Capital Development**

- 4.6.1 Assumes responsibility for the operational element of all capital projects; they must ensure that all construction & other relevant works undertaken on behalf of the Trust comply with fire safety legislation, relevant guidance and the requirements of this policy. Any movement away from the approved design document must be supported by the appropriate derogation documentation.
- 4.6.2 The main duties in respect of Fire Safety are:
- a) Develop an on-going programme of Capital work within the Trust Business Plan for the improvements of fire precautions.
  - b) Ensure that Capital work undertaken on behalf of the Trust is of a standard commensurate with current Fire Safety Legislation, guidance and best practice.
  - c) Ensure that the Fire Safety Team is notified and consulted for each proposed project;
  - d) Ensure that project managers and other construction professionals engaged to undertake work for the Trust are appropriately trained regarding the fire safety requirements of the Trust;
  - e) Prioritise and action identified Fire Risks in the backlog maintenance and capital investment programme;
  - f) Develop and maintain a system of records and assurance to

demonstrate that all works under their control comply with fire safety legislation and guidance;

- g) Appoint, where necessary, an Authorising Engineer for Capital Investment Projects.
- h) Chair any scheduled meeting regarding Fire Prioritisation or provide an appropriate Deputy;

#### **4.7 Associate Director of Estates Operations and Engineering Management**

4.7.1 The main duties in respect of fire safety are:

- a) Ensure that observations identified within the FRA Reports are appropriately addressed within the recommended timescales and in relation to the risk level identified;
- b) Ensure that all Fire Safety works carried out through the Estates Team are completed to a standard in line with current Fire Safety Legislation, guidance and best practice;
- c) Ensure that sufficient due diligence is carried out to ensure that all Contractors and Estates Maintenance Staff are competent to work on all fire related tasks they attend;
- d) Ensure that there are appropriate testing/inspection schedules in place for the maintaining of both passive and reactive fire protection measures.
- e) Ensure that there is a process for the escalation of Estates tasks to the Capital Projects Teams where applicable.

#### **4.6 Associate Director of Health, Safety and Compliance**

4.6.1 The Associate Director of Health, Safety and Compliance is accountable to the Director of Estates Facilities and Sustainability and ensuring that the framework for fire safety within the Trust is in place and maintained.

4.6.2 The Associate Director of Health, Safety and Compliance is responsible for ensuring that suitable management arrangements are sufficiently robust and extensive to cover all fire safety issues for the Trust while providing an assurance framework, and a means for the continual improvement of fire safety management within the Trust.

4.6.3 The Associate Director of Health, Safety and Compliance may seek the advice / services of an Authorising Fire Engineer, as necessary, in considering a scientific and engineered approach to the fire safety strategy.

4.6.4 The Associate Director of Health, Safety and Compliance is responsible for chairing the Fire Safety Committee; ensuring that it convenes on a quarterly basis and that any necessary actions from it are forwarded through the appropriate line of Governance.

#### **4.7 Head of Fire Safety & Fire Safety Specialist Officers**

4.7.1 The Head of Fire Safety will undertake the role of Fire Safety Manager (FSM) as set out in Health Technical Memorandum 05-01: Managing Healthcare Fire Safety.



- 4.7.2 The Head of Fire Safety is accountable to the Associate Director of Health, Safety and Compliance and ensuring that the framework for Fire Safety is appropriately maintained.
- 4.7.3 The Trust directly employ full time Fire Safety Specialist Officers that are responsible for providing technical expertise to the Fire Safety Manager in the interpretation and application of relevant Statutory Provisions, Department of Health Technical Memorandum (HTM) and other guidance in respect of Fire Safety in Trust premises.
- 4.7.4 The role is instrumental in the development and implementation of the Trust's Fire Safety Policy and Fire Safety Protocols, developing and delivering an extensive programme of general and specialist Fire Safety Training as per Appendix B.
- 4.7.5 Other duties include, but are not limited to:
- a) Responsibility for identifying risk priorities, liaising with the Capital Projects team to prioritise expenditure and resources to support the service and maintain compliance;  
Providing guidance and mentoring staff with specific fire safety responsibilities as established in this policy; specifically being responsible for overseeing of the Trust's designated Fire Warden and Fire Response Team members;
  - b) Developing and implementing effective communication systems within and between all identified key working relationships for the benefit of the Trust and to assist with the implementation of the Trust Fire Strategies and Policy;
  - c) Assist the Executive Lead (Fire), Head of Capital Projects and Head of Estates in the development, dissemination and implementation of the Trust Fire Safety Policy and Strategies;
  - d) Ensure the effective and appropriate translation of the fire safety strategies into practical application;
  - e) Assist in the development of a strategy for reducing unwanted fire signals within the organisation and liaise with Local Fire Authority with regards to that strategy;
  - f) Assist operational managers in the arrangement of practical & Table Top fire drills, recommend remedial action when necessary and audit the accuracy of staff training records and fire drills;
  - g) Advise on the planning and design of new or existing buildings / structures, with particular emphasis on specifications for fire precautions, compliance with applicable fire standards and legislation at both design and construction stages. This will involve liaison with the Capital Projects teams, Estates and Facilities staff, Capital Planning teams, Local Building Control and Fire Authorities;
  - h) Ensure appropriate measures are developed and maintained to control the activities of contractors working on site and ensure that their activities do not compromise the fire precautions.

## **4.8 Heads of Clinical Management Groups (CMGs) and Corporate Directorates**

- 4.8.1 The ethos of the FSO is for prevention and mitigation where actually preventing fires and mitigating their effects when they happen are as important as means of escape and allied traditional fire precautions. This has placed additional emphasis on the Trust to develop its fire safety

management systems especially at a Clinical and Corporate level.

- 4.8.2 The Heads of the CMGs and the Corporate Directorates have overall responsibility for Fire Safety Management, fire precautions and fire prevention within their respective service areas and are to ensure fire safety arrangements for planning, organising, controlling and review of measures required by fire legislation are suitable and sufficient.
- 4.8.3 Constant liaison and support must be given to the Department / Ward Managers and Deputies who as the departmental 'Responsible Person', will implement and manage all aspects of fire safety at a localised level.
- 4.8.4 The Senior Management team have a fundamental role in the management of local Fire Safety in the areas under their control.
- 4.8.5 The main fire safety duties of Senior Managers are to:
- a) Organise and document local Fire Evacuation Procedures for the areas under their control. See Appendix C;
  - b) Ensure that adequate numbers of staff are available and devise suitable arrangements to provide for the safe evacuation of all relevant persons in accordance with the emergency evacuation plan;
  - c) Monitor fire safety precautions within the workplace and initiate actions to correct any shortfalls;
  - d) Ensure all electrical equipment is serviced in accordance with manufacturers' recommendations.
  - e) Ensure a sufficient number of Fire Wardens are trained;
  - f) Undertake local fire safety induction training to all, but especially new, members of staff, including agency and temporary workers.  
This training should include local fire procedure, locations and use of alarm call points, extinguishers and emergency escape routes – See Appendix F;
  - g) Coordinate and ensure a 2 yearly 'Table Top' Fire Evacuation training session is carried out in conjunction with the Fire Safety Team, monitor performance, and maintain appropriate records. However, for clinical reasons, a table top evacuation exercise is considered more suitable and less disruptive, particularly in inpatient areas.
  - h) Ensure that fire safety incidents are reported by the designated persons as per the incident reporting procedure;
  - i) Consult with Staff, Fire Wardens and appointed safety representatives on fire safety matters including local fire procedures, training, and the outcomes of risk assessments;
  - j) Monitor and manage local security arrangements that may conflict with normal fire safety arrangements;
  - k) Maintain a Ward / Department Fire Log Book.
  - l) Ensure good levels of housekeeping are maintained and that ignition and fuel sources are controlled;
  - m) Minimise the occurrence of false alarms and unwanted fire signals;
  - n) Notify the Estates & Facilities Department of any proposed change of use of the areas within their control; this includes the changing of room use;
  - o) Prepare and maintain a personal emergency evacuation plan (PEEP) for any person(s) (staff/visitor/contractor) in their department that have a need for additional assistance to evacuate in the event of an emergency. This also includes service users who may be sedated, in seclusion or restrained. See Appendix C and D;

## **4.9 Duty Manager(s)**

- 4.9.1 The Hospital Duty Manager will normally fulfil the role of Incident Commander for fire related incidents, unless otherwise agreed.
- 4.9.2 The Duty Manager should take command of the incident and be responsible for the overall co-ordination of the emergency situation until the Fire and Rescue Service arrives, and to act as a focus for liaison purposes thereafter.
- 4.9.3 The Duty Manager should be a manager who will be aware of the local fire procedures and has received the appropriate training from the Fire Safety team.
- 4.9.4 The Duty Manger fulfilling the Incident Commander Role will also liaise with the person in charge of the area(s) affected, the Fire Wardens and other Fire Response Staff at the Incident Control Point.

## **4.10 Fire Response Team**

- 4.10.1 On all occasions when the fire alarm is activated additional assistance will be provided at the scene by the Hospital Fire Response Team. This is made up with staff from Security, Estates, and Logistics along with the Duty Manager.
- 4.10.2 Duties of the Fire Response Team are: -
- a) Responding to all alarm activations and/or bleep to attend;
  - b) Attending training pertinent to their role;
  - c) Assist the Incident Commander, Fire Wardens & Fire Service during any fire related incident or required evacuation.

## **4.11 Fire Wardens (and Deputies)**

- 4.11.1 Nominated by the Department/ Ward Manager, Fire Wardens are designated 'Competent Persons' and provide local assistance in the event of a fire emergency.
- 4.11.2 Fire Wardens are appointed on completion of the relevant in-house training provided by the Fire Safety Team; the training is provided within the Fire Wardens workplace on a 'face to face' basis.
- 4.11.3 It is recommended that suitably trained Fire Wardens are available, in each area and/or department, all the hours that the premises are occupied to assist in the prevention and mitigation of fires and fire incidents.
- 4.11.4 Fire Wardens are to assist with local induction training when required by the Ward/Department Responsible Person.
- 4.11.5 Fire Wardens are to respond to all alarm activations within their workplace and assist the Incident Commander during any test and live events.
- 4.11.6 Undertake Fire Warden checks in line with their training and as per guidance contained with the Fire Log Book.

## **4.12 Switchboard**

- 4.12.1 On all occasions when the fire alarm is activated the switchboard are the vital communication interface internally between identified key Trust staff

members and externally between the Trust and the Fire Service (LFRS).

#### 4.12.2 Duties of the Switchboard Team include: -

- a) Monitoring the automatic fire detection / alarms systems across all 3 Acute Sites;
- b) Monitoring all “2222” calls received, including those related to fire;
- c) Summoning the LFRS as required; this involves an immediate ‘999’ call at the Glenfield and LGH sites and a 5 minute delay or at any point prior to this where a live fire is confirmed at the LRI. The 5 minute delay is to allow for a suitable investigation to take place by the Ward/Department Staff, Duty Manager, Security and Estates Engineer.
- d) Alerting the Duty Manager and Fire Response teams via the “bleep” system of any fire alarm activation;
- e) Requesting full attendance of the LFRS when a Fire is confirmed via “2222” or on request from the Incident Commander (Duty Manager);
- f) Requesting stand down if false alarm confirmed by the Incident Commander (Duty Manager) or the person designated in charge of the Ward/Department at the time of activation;
- g) Accurately complete the Switchboard Fire Signal Notification and email to the UHL Fire Safety Mailbox.
- h) Logging all Fires and Unwanted Fire Signals with the Fire Safety Specialist Officers and maintaining accurate and suitable records.

### 4.13 Senior Estates Managers

4.13.1 Senior Estates Managers, will be responsible for the maintenance, servicing, inspection and repair of all active and passive fire protection systems within Trust premises.

4.13.2 Ensure that the contractors and their staff are managed as per the Managing the Health, Safety and Welfare of Contractors Policy B24/2004.

4.13.3 Ensure that suitable and sufficient records are maintained to demonstrate compliance to the Statutory and mandatory maintenance requirements in relation to active and passive fire protection systems.

4.13.4 Ensure that all design certificates, installation certificates, modification certificates, commissioning certificates & acceptance certificates are completed for work on fire alarm systems.

### 4.14 Project Managers

4.14.1 Project Managers are responsible for ensuring that all construction & other relevant works under their management comply with fire safety legislation, relevant guidance and the requirements of this policy.

4.14.2 The main duties of Project Managers in respect of fire safety legislation and guidance are to:

- a) Ensure that all work under their management is completed to a standard acceptable to the Trust;
- b) Notify and engage with the Trusts Fire Safety Team of all projects;
- c) Ensure that all contractors and their staff are managed as per the Managing the Health, Safety and Welfare of Contractors Policy

B24/2004;

- d) Ensure that UwFS (False Alarms) are minimised and actively managed before, during and after works;
  - e) Ensure that contractors' staff and other construction professionals engaged are appropriately trained regarding the fire safety requirements of the Trust;
  - f) Develop and maintain a system of records and assurance to demonstrate that all works under his/her control comply with fire safety legislation and guidance;
  - g) Ensure that details of all equipment and plant installed as part of the project is passed to the Estates team to enable asset registers to be updated and maintenance regimes established;
  - h) Provide accurate, as built drawings to the Property Team to enable all systems to be updated;
- 
- i) Take account of local fire safety procedures in the planning of works and ensure that local Managers are briefed on the scope of works and the programme for their implementation;
  - j) Ensure that where necessary all passive and active fire protection systems are protected from any works carried out during the project; this includes the removal of all Fire Extinguishers.
  - k) Ensure all fire safety signs and portable fire appliances, where necessary, are replaced/renewed before any area is reoccupied.

#### **4.15 Fire Committee**

4.15.1 The Fire Committee, chaired by the Associate Director of Health Safety & Compliance, will monitor the Trust's fire arrangements and will provide quarterly reports to the Trust Health and Safety Committee in line with agreed Governance arrangements.

4.15.2 The following post holders or their deputies will form the core membership of the Fire Committee:

- a) Associate Director of Health, Safety & Compliance;
- b) Fire Safety Specialist Officer(s);
- c) Regional Estates Manager(s);
- d) Capital Projects representation;
- e) UHL Health and Safety Services representative(s);
- f) Clinical Management Groups (CMG) representatives.

4.15.3 UHL Staff side representation is welcomed and there is an open invitation for their attendance.

4.15.4 Fire Safety issues or concerns can also be forwarded to the Fire Safety Team by all UHL staff using the global email address:

[UHLFireSafety@uhl-tr.nhs.uk](mailto:UHLFireSafety@uhl-tr.nhs.uk)

4.15.5 Meetings will be held quarterly.

#### **4.16 All staff; Trust Employees, Contractors, Third Parties Employees and Volunteers**

4.16.1 All staff have a duty of care to themselves, patients, visitors and other members of staff and will ensure that they:

- a) Report to their line manager/s any concerns in relation to Fire Safety;
- b) Comply with local and trust fire safety arrangements in responding to fire related incidents;
- c) Actively participate in any fire evacuation exercise including 'Table Top' exercises;
- d) Maintain acceptable levels of housekeeping in their workplace;
- e) Attend the appropriate level of training as defined in Appendix B;
- f) Act to prevent fire risks and ensure that they do not knowingly compromise fire safety through their own actions, or omissions;
- g) Minimise the occurrence of false alarms and unwanted fire signals.

4.16.2 Employees of third parties sharing Trust premises and contractors working on Trust premises (for either short or long periods) have the same duties as Trust Employees in respect of Fire Safety Management.

## **5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

---

The Trust Board expects those tasked with managing aspects of fire safety to:

- a) Diligently discharge their fire safety responsibilities as befits their position;
- b) Have in place a clearly defined management structure for the delivery, control and monitoring of fire safety measures;
- c) Have in place a programme for the assessment and review of fire risks;
- d) Develop and implement appropriate protocols, procedures, action plans and control measures to mitigate fire risks, comply with relevant legislation and, where practicable, codes of practice and guidance;
- e) develop and disseminate appropriate fire emergency action plans pertinent to each department/building/area to ensure the safety of occupants, protect the delivery of service and, as far as reasonably practicable, defend the property and environment;
- f) Develop and implement a programme of appropriate fire safety training for all relevant staff;
- g) Develop and implement monitoring and reporting mechanisms appropriate to the management of fire safety.

Supporting UHL Guideline Protocols:

- a) Fire safety Management; Fire Prevention – Arson
- b) Fire safety Management; Fire Prevention - Fuel Sources
- c) Fire safety Management; Fire Prevention – Oxygen & Oxidisers
- d) Fire safety Management; Fire Prevention – Fire Stopping
- e) Fire Safety Management; Fire Prevention - Fire Log Book
- f) Fire Safety Management; Fire Prevention - Local Induction
- g) Fire Safety Management; Fire Prevention – Fire Evacuation Procedure

## **6 EDUCATION AND TRAINING REQUIREMENTS**

---

- 6.1 It is a mandatory requirement that all staff employed by the Trust attend an Induction on appointment; this induction includes the provision of Fire Safety information and Fire Safety induction paperwork.
- 6.2 Fire Safety Training (face to face or e-based learning) is Mandatory and must be completed within 6 weeks of induction and annually thereafter as required.

- 6.3 A local Site/Ward/Department based induction must be provided by the 'Responsible Manager'/Fire Warden within the workplace immediately upon commencement, outlining all local fire procedures.
- 6.4 It is the responsibility of the Heads of Clinical Service Units, Department/Ward Managers and Deputies to ensure that they and their staff comply with all Fire Training requirements, and that a record of attendance is maintained.
- 6.5 Managers must also ensure, where necessary, that personnel receive enhanced fire safety training in accordance with the training needs analysis as outlined in Appendix B.
- 6.6 Managers of stand-alone Buildings will ensure that they complete a Fire Evacuation Exercise in a period not to exceed two years; the exercise should be carried out in conjunction with the Fire Safety Team.
- 6.7 Managers of inpatient areas are to ensure that they carry out a minimum of 'Table Top' Fire Evacuation training in a period not to exceed 2 years; the training is to be provided by the Fire Safety Team.
- 6.8 Managers of outpatient areas are to ensure that they request Fire Evacuation Training as required; this can be carried out as a 'Table Top' or Live Evacuation Exercise.
- 6.9 Managers will ensure that each Building, Ward, Unit or Department have a sufficient number of trained and competent Fire Wardens (and Deputies) to support an effective evacuation strategy during the hours the premises is occupied.
- 6.10 There is no requirement for Fire Wardens to renew their training however; we recommend that they contact the Fire Safety Team to renew the training if they move Sites or Wards/Departments.

## **7 PROCESS FOR MONITORING COMPLIANCE**

---

- 7.1 The Executive Director responsible for Fire Safety has responsibility for the overall monitoring of the policy.
- 7.2 Local monitoring will be through the identified Responsible Person(s) and/or Competent Persons (Fire Wardens).
- a) Periodic review of the Fire Risk Assessment Significant findings;
  - b) Review of local fire Log Book(s);
  - c) Regular documented Fire Warden inspections.
- 7.3 Fire Safety Manager and Trust Fire Safety Specialist Officers through:
- h) Periodic review of fire and false alarm incident reports;
  - i) Periodic review of fire safety training records;
  - j) Periodic Reviews of Fire Risk Assessments;
  - k) Periodic review of fire service notices and communications;
  - l) Periodic Fire safety assurance audits;
  - m) Periodic third-party fire safety audit (as deemed appropriate).
- 7.4 Staff awareness of the Trusts Fire Safety Policy & Strategy document is monitored through fire risk assessments, fire evacuation drills and mandatory fire training.

- 7.5 Quarterly reports submitted to the UHL Health and Safety Committee.
- 7.6 Annual report submitted to UHL Patient Safety Committee.
- 7.7 Annual Fire Compliance declaration signed by the Chief Executive, the Director of Estates, Facilities and Sustainability and the Fire Safety Manager.
- 7.8 Periodic Fire Safety audits conducted by LFRS in line with Risk Profile.



## POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Roles and Responsibilities	Fire Safety Specialist Officer	Fire Risk Assessment	Annual – Inpatient Areas Every 2 years - Residential Every 2 years – Outpatient Areas Every 3 years – Administration Areas	Risk Assessment issued to Responsible Person(s) upon completion listing significant findings
Roles and Responsibilities	Fire Safety Manager	Assurance Audit	As Required	Estates and Facilities Senior Management Teams (SMT)
Roles and Responsibilities	Fire Safety Specialist Officer	UwFS / Fire Investigation	As Required	Executive Meetings – as required UHL H&S Committee – quarterly UHL Fire Committee - quarterly
FRA Significant Findings	Local Manager / Matron	Fire Risk Assessment & Fire Risk Assessment Review	As Required	Executive Meetings – as required UHL H&S Committee – quarterly UHL Fire Committee - quarterly
FRA Significant Findings	Capital Estates	Fire Priority Meetings PLANET – CAFM system	Quarterly	Estates and Facilities Risk and Governance meeting
Local Fire Safety arrangements	Fire Warden	Fire Warden Inspection	As defined by Fire Log Book	Fire Safety Manager – verbal Local Department Manager – verbal Fire Safety Specialist Officer - verbal
Fire Log Books	Fire Safety Specialist Officer	Fire Risk Assessment & Fire Risk Assessment Review	As per FRA frequency	
Training Needs Analysis	Fire Safety Manager	Fire Risk Assessment/ UwFS / Fire Investigation	Annual	UHL H&S Committee – quarterly UHL Fire Committee - quarterly
Reference Documentation	Fire Safety Manager	Technical Indices/ CFOA / HSE / Gov.uk	Annual	UHL Committee

## 8 EQUALITY IMPACT ASSESSMENT

---

- 8.1** The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2** As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

---

Act of Parliament 1974 The Health and Safety at Work etc. Act 1974 (c. 37) Act of Parliament 2010 The Equality Act 2010 (c. 15)

British Standards Institution BS 9999 Fire Safety in the design, management and use of buildings

Department of Health Healthcare Technical Memorandum HTM 05-01: Managing Healthcare Fire Safety

Department of Health Healthcare Technical Memorandum HTM 05-02: Guidance to support functional provisions in Healthcare

Department of Health Healthcare Technical Memorandum HTM 05-03: Part A General Fire Safety

Department of Health Healthcare Technical Memorandum HTM 05-03: Part B Fire Detection and Alarm Systems

Department of Health Healthcare Technical Memorandum HTM 05-03: Part C Textiles and Furnishings

Department of Health Healthcare Technical Memorandum HTM 05-03: Part D Commercial Enterprise on Healthcare Premises

Department of Health Healthcare Technical Memorandum HTM 05-03: Part E Escape Lifts in Healthcare Premises

Department of Health Healthcare Technical Memorandum HTM 05-03: Part F Arson Prevention in NHS Premises

Department of Health Healthcare Technical Memorandum HTM 05-03: Part G Laboratories on Healthcare Premises

Department of Health Healthcare Technical Memorandum HTM 05-03: Part H Reducing Unwanted Fire Signals in Healthcare

Department of Health Healthcare Technical Memorandum HTM 05-03: Part J Fire Engineering in Healthcare Premises

Department of Health Healthcare Technical Memorandum HTM 05-03:  
Part K Fire Risk Assessment in Complex Healthcare Premises Department of Health Healthcare Technical Memorandum HTM05-03: Part M Guidance on the fire safety of atria in healthcare buildings

Home Office Fire safety risk assessment: healthcare premises 2006 Home Office Fire safety risk assessment: offices and shops 2006

Home Office Fire safety risk assessment: sleeping accommodation 2006 Home Office Fire safety risk assessment: places of assembly 2006

Ministry of Housing, Communities & Local Government Building Regulations Approved Document B (Fire Safety)

Ministry of Housing, Communities & Local Government Building Regulations Approved Document K (Protection from falling, collision and impact)

Ministry of Housing, Communities & Local Government Building Regulations Approved Document M (Access to and use of buildings)

Statutory Instruments (SI) 1997 No.1541 The Regulatory Reform (Fire Safety) Order 2005

Statutory Instruments (SI) 2023 The Building Safety Act

Statutory Instruments (SI) 1997 No.1713 The Confined Spaces Regulations 1997 Statutory Instruments (SI) 2002 No 2276 The Dangerous Substances and Explosive atmospheres Regulations (DSEAR) 2002

Statutory Instruments (SI) 2002 No.1324/2358 Furniture and Furnishings (Fire Safety) Regulations 1988/1989

Statutory Instruments (SI) 2002 No.207 Furniture and Furnishings (Fire Safety) Regulations 1993

Statutory Instruments (SI) 2002 No.2205 Furniture and Furnishings (Fire Safety) Regulations 2010

Statutory Instruments (SI) 2002 No.2457 The Management of Health and Safety at Work and Fire Precautions (Workplace) (Amendment) Regulations 2003 Statutory Instruments (SI) 2002 No.2677 The Control of Substances Hazardous to Health Regulations 2002 (as amended)  
Statutory Instruments (SI) 2015 No 51 The Construction (Design and Management) Regulations 2015  
UHL Control of Substances Hazardous to Health (COSHH) UHL Policy B10/2002  
UHL Health and Safety Policy A17/2002  
UHL Managing the Health, Safety and Welfare of Contractors Policy B24/20

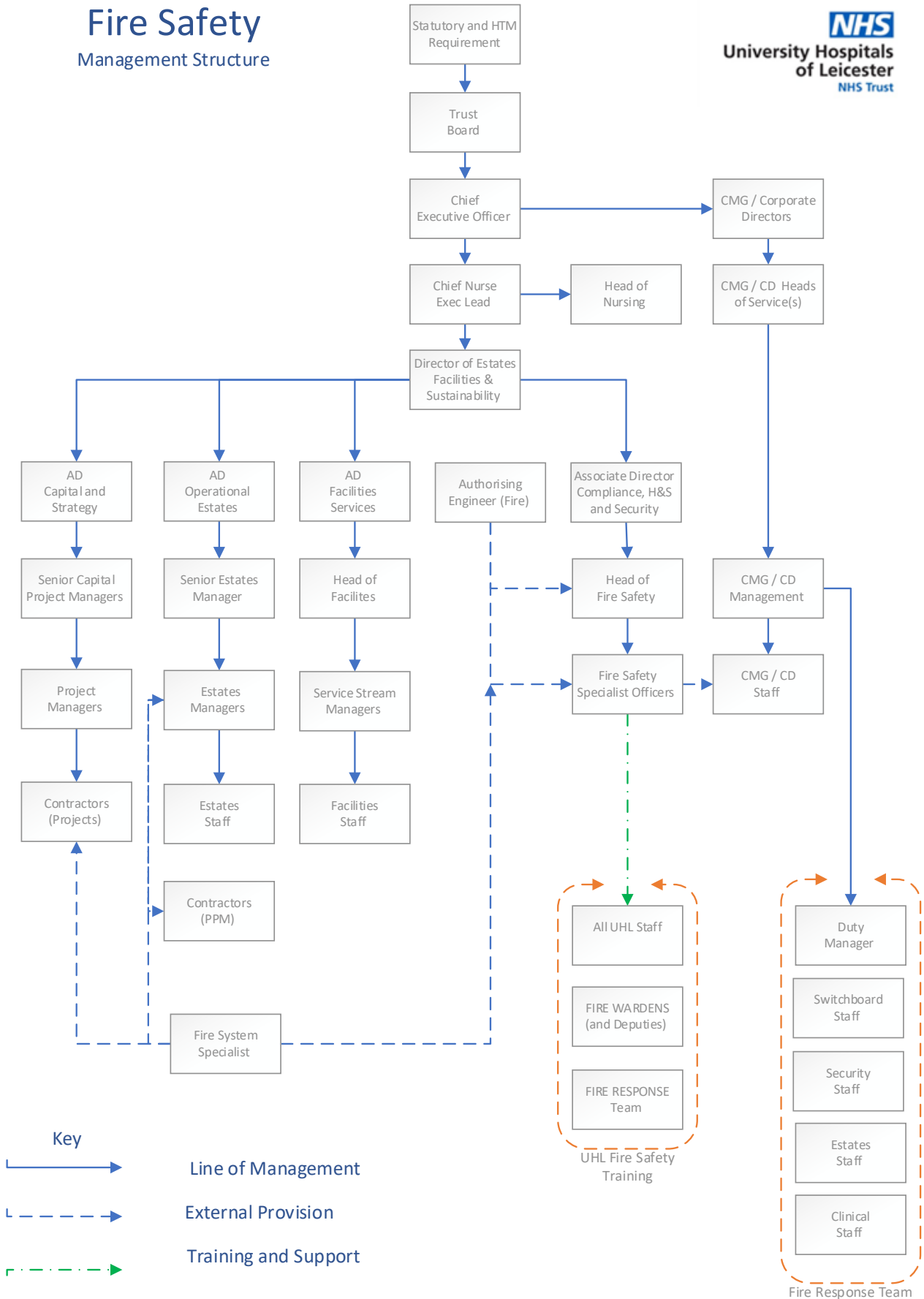
## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

---

- 10.1** The updated version of the Policy will be uploaded and available through INsite Documents and the on the Trust’s externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.
- 10.2** It should be noted that paper copies may not be the latest up-to-date version.
- 10.3** This policy and associated documentation will be reviewed every 3 years or sooner as deemed necessary due to changes in Legislation, Healthcare guidance, local practice, responsibilities or arrangements.
- 10.4** Review will be conducted by the Trust Fire Safety Manager and members of the Fire Committee and approved by the Trust H&S Committee.

# Appendix A – UHL Fire Safety Structure

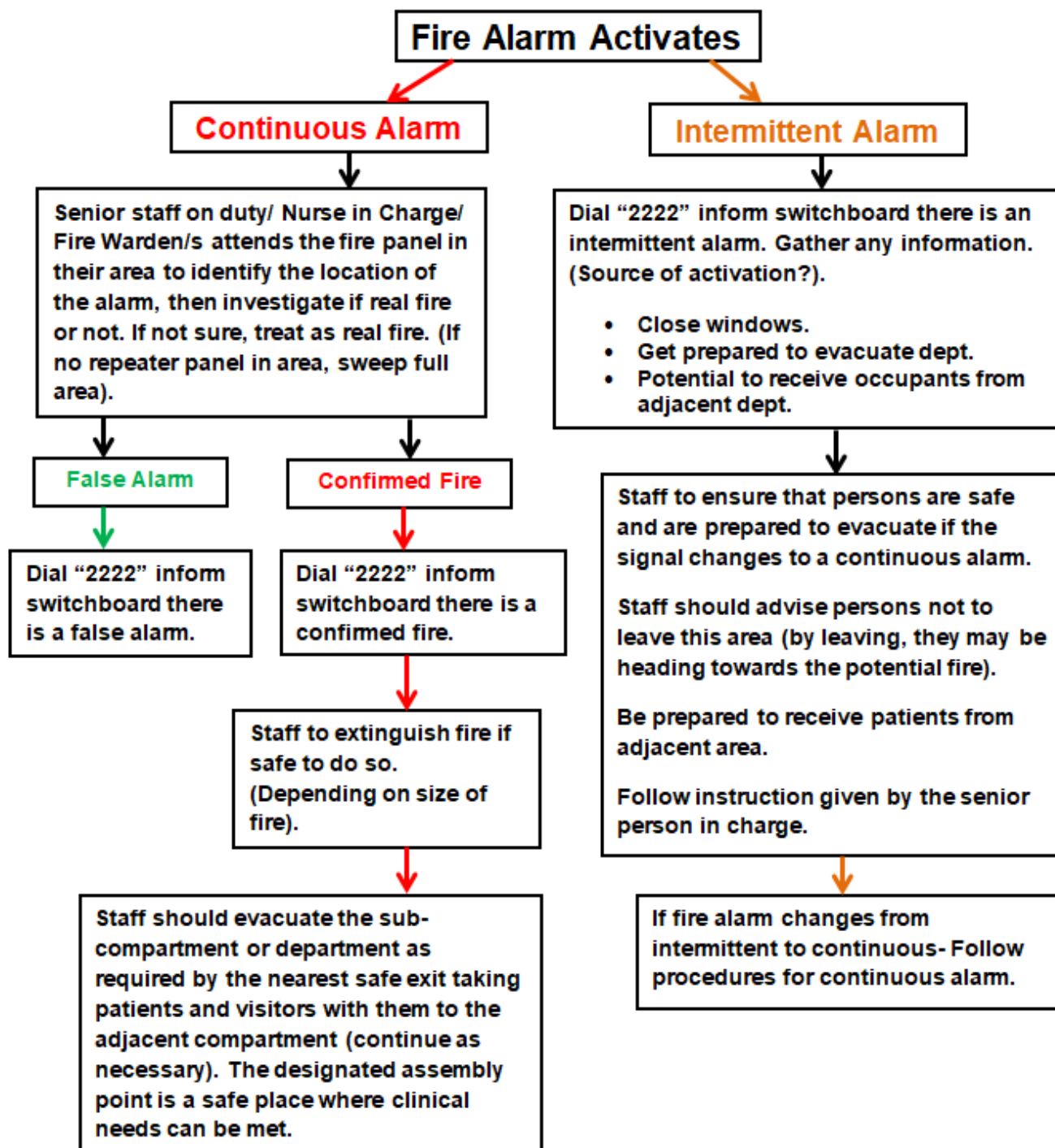
## Fire Safety Management Structure



Appendix B – Training Needs Analysis

Description	Role(s)	Duration	Frequency	Tutor
Corporate Induction (including the issuing of UHL Fire Safety booklet)	ALL Staff	15 min	Upon commencement with the Trust	N/A
Local Induction(s)	ALL Staff	Variable	Upon commencement in work area(s)	Ward/Department Manager and/or Fire Warden
Fire Safety Awareness: HELM e-learning module	ALL New Starters	60 min	Within 6 weeks of start date	HELM eLearning
Fire Safety Refresher (mandatory)	ALL Staff	60 min	Annual	HELM eLearning
Fire Evacuation Training	Inpatient / Bedded areas	60 min	Period not to exceed 24 months	Fire Safety Specialist Officer
Fire Evacuation Training	Outpatient / Admin areas	60 min	As requested / on request	Fire Safety Specialist Officer
Fire Evacuation Drill	Stand-alone Buildings	15 min	Period not to exceed 24 months	Fire Safety Specialist Officer / Fire Wardens
Fire Warden	Nominated Staff	60 min	Refresh as required	Fire Safety Specialist Officer
Fire Response Team	Duty Managers / Logistics / Security / Estates staff	60 min	Every 2 years (or as required due to process change)	Fire Safety Specialist Officer
Portable Fire Appliances (Extinguisher) Training	Fire Wardens	20 min	Included in Fire Warden session	Fire Safety Specialist Officer

## Staff Response To Fire Alarm- (Progressive Horizontal Evacuation)



**This strategy is implemented in all hospital areas- (Progressive Horizontal Evacuation).**

The basic strategy for fire evacuation of dependent and very high dependency patients should be to move them on their bed or in a wheelchair to a safer area (refuge or place of relative safety) on the same floor and then (if required) to evacuate the patients to another floor in the building or to outside.

<b><u>Stage 1</u></b>	Horizontal evacuation from the area where the fire originates to an adjoining sub-compartment (30 minutes) or adjoining compartment. (If smell of smoke or not sure on cause of alarm originally moving to sub-compartment is adequate.)
<b><u>Stage 2</u></b>	Horizontal evacuation from the entire compartment where the fire originates to an adjoining compartment (60 minutes) on the same floor. Subsequent additional horizontal evacuation to adjacent compartments may be undertaken as necessary.
<b><u>Stage 3</u></b>	Vertical evacuation to a lower floor, or to the outside. Vertical evacuation is considered as last resort. Only if horizontal evacuation is no longer viable. Various Evacuation aids should be provided depending on occupants. Staff should receive training in the safe use of this equipment.

**There are two fire conditions when evacuation is necessary or should be considered:**

- a. Extreme emergency – where there is an immediate threat to safety from fire or smoke;**
- b. Emergency – no immediate threat, but fire or smoke likely to spread from an adjoining area;**

**In extreme emergency situations, the sequence of evacuation should be:**

- a. those in immediate danger;**
- b. ambulant patients;**
- c. the remaining patients who are not ambulant.**

**IT IS THE RESPONSIBILITY OF THE PERSON IN CHARGE OF THE DEPARTMENT TO ENSURE THAT THIS DOCUMENT REFLECTS AGREED LOCAL FIRE EVACUATION PROCEDURES. (This flow chart is a brief chart to remind staff of basic procedures.)**

The process of how, when and where to move persons will be a clinical decision depending on the size/ mobility, clinical needs and number of patients within that area. (Suitable evacuation aids should be available as required).

If variations to normal activities are not covered then amendments must be made to reflect this. E.g staffing levels (Annual leave/ sickness), specific patient requirements, lone working etc. It is vital sufficient staffing levels are present to implement this strategy.

**IT IS THE RESPONSIBILITY OF THE PERSON IN CHARGE OF THE DEPARTMENT TO ENSURE THAT THE FIRE/EVACUATION ASSEMBLY POINTS ARE CAPABLE OF SUPPORTING THE CLINICAL NEEDS OF THEIR PATIENTS TO ENABLE CONTINUITY OF CARE.**

The person in charge of the department or a designated person must:

- Ensure that staff do not endanger themselves or take any unnecessary risks in the process of vacating the Department.
- Supervise the evacuation of the Department - where possible and safe to do so close all doors and windows as rooms are vacated.
- Ensure that those evacuated are evacuated to areas where their clinical needs can continue to be supported
- Ensure that where applicable, patient notes are taken with the patient (if time permits and it is safe to do so)
- Ensure that a nominal roll call is taken at the fire assembly point once all patients, staff and visitors have been evacuated.
- Inform the Duty Manager of the location of the fire if known.
- Notify the Duty Manager or Senior Local Authority Fire Officer immediately of any member of staff or visitor being unaccounted for.
- Once fully evacuated the member of staff in charge must contact the Incident Coordination Centre to inform them that all staff and patients are safe and at the appropriate assembly area/s. This can be done by phoning 0116 258 5932 or via email [uhl.tactical.icc@uhl-tr.nhs.uk](mailto:uhl.tactical.icc@uhl-tr.nhs.uk).

This document is designed to assist staff to create individual department evacuation plans based on the hospitals generic evacuation procedures.

If variations are required due to patient type/ mobility/ clinical needs, a separate plan may be considered for such variations.



# Staff Response To Fire Alarm- (Progressive Horizontal Evacuation) Balmoral Building Only

This procedure applies to the Balmoral building only.

## Double Knock Fire alarm Activation.

The fire alarm system is programmed to identify and only go into full continuous alarm mode when two fire detector devices from the same zone are activated, or a manual call point is activated. The alarm will sound continuous in this zone only and intermittent in all adjacent zones.

If only one detector activates, the alarm will sound intermittent in this zone only and no other adjacent zones.

- One detector activates = Intermittent in this zone only, no other zones.



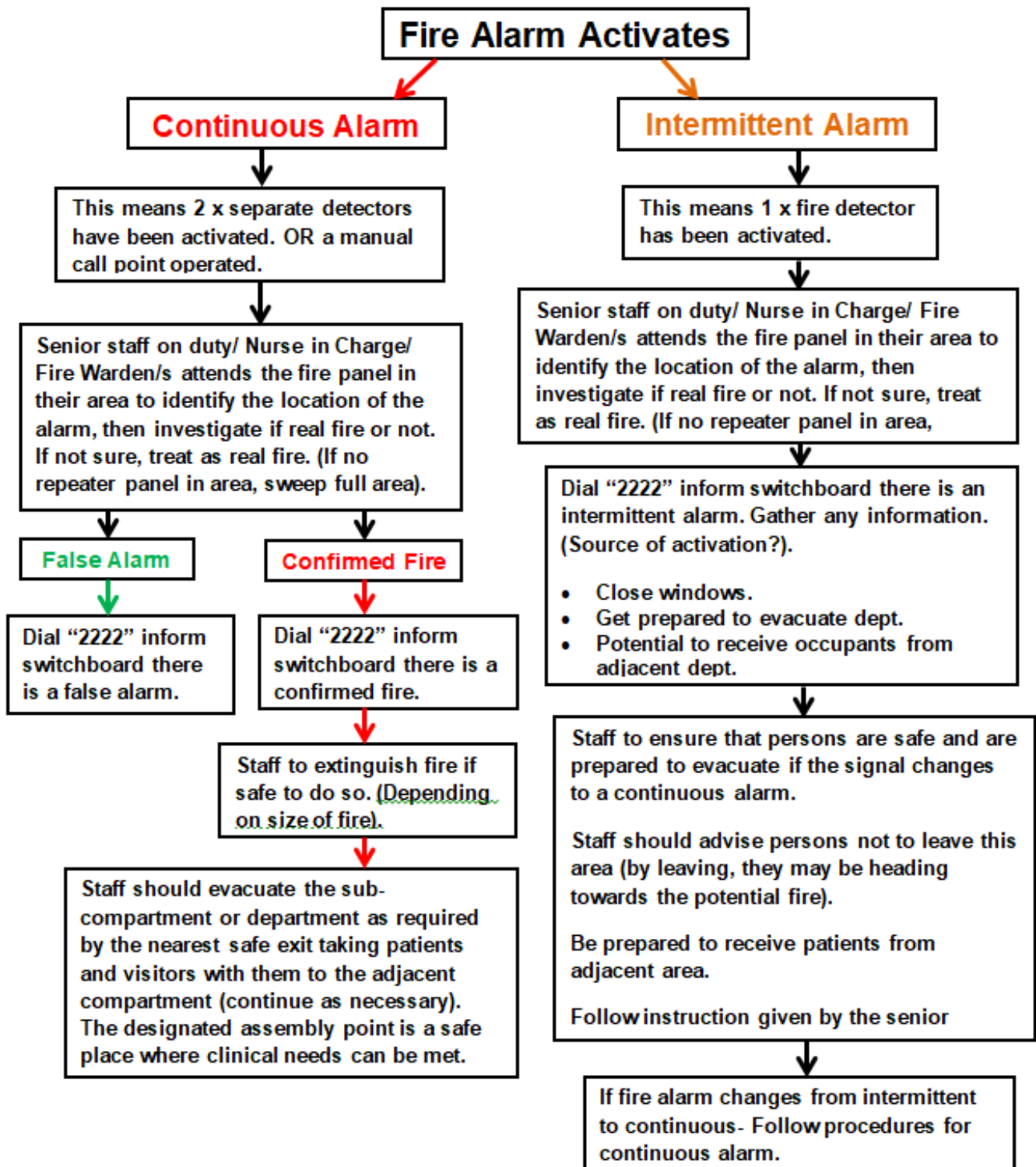
- Two detectors activate= Continuous alarm in this zone, intermittent in adjacent zones.



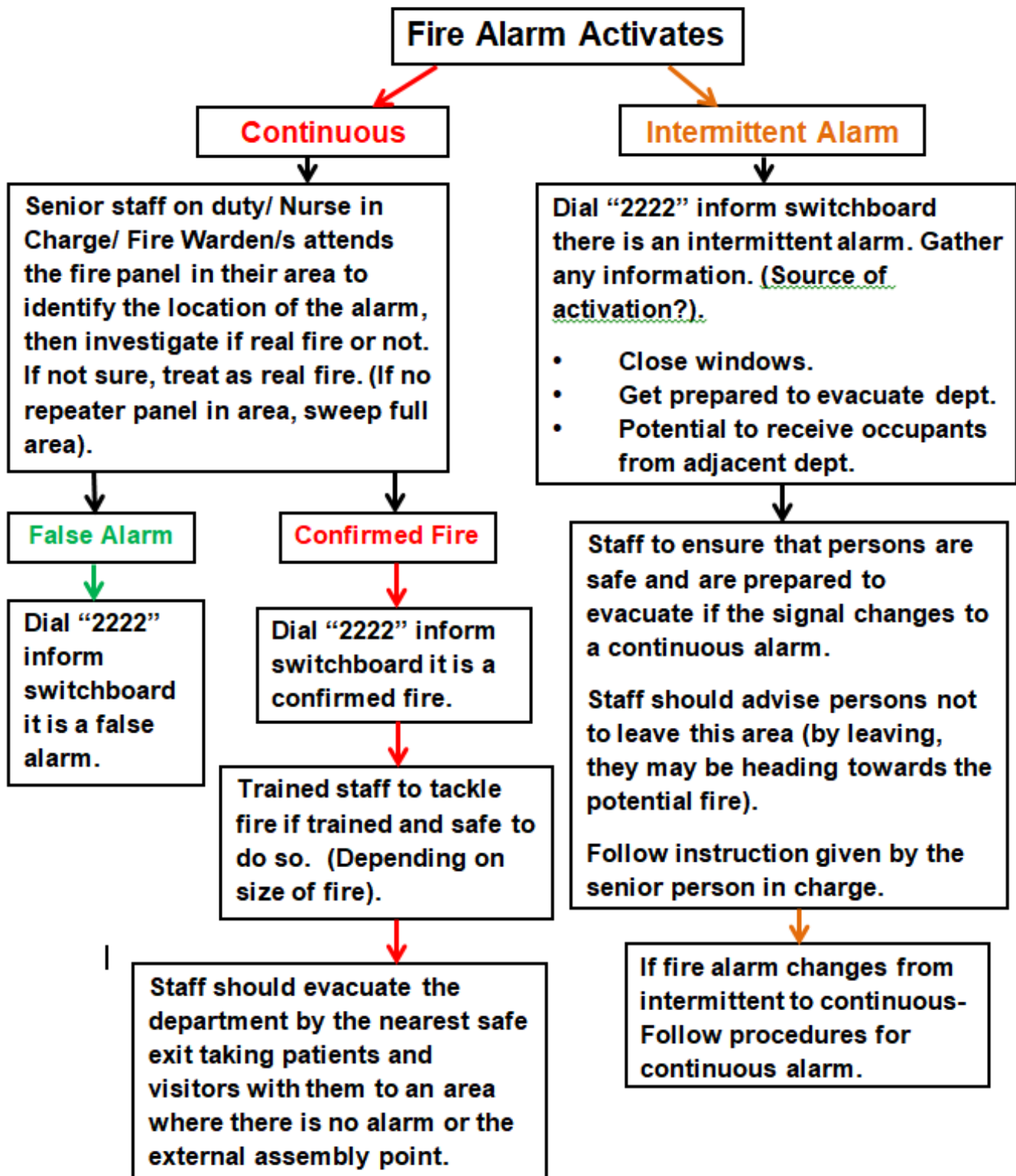
- Manual call point operated= Continuous alarm in this zone, intermittent in adjacent zones.



# Staff Response To Fire Alarm- (Progressive Horizontal Evacuation) Balmoral Building Only



**Staff Response To Fire Alarm- Outpatient & Admin Areas**



### APPENDIX E - Personal Emergency Evacuation Plan Assessment

To be completed by the Line Manager with the assistance of the person for whom the PEEP is intended (NB: may be a need to develop more than one plan if user occupies / attends more than one building / site etc.)

Name:		Assignment No.	
Job Title:			
Building:		Department:	
Floor:		Manager: (print name)	
Date of Assessment		:Manager: (signature)	

PEEP Questionnaire (answer Yes or No as applicable)	Yes	No
<b>Section A – Auditory</b>		
Does the individual have an auditory impairment? (If not go to Section B)		
Can the fire alarm be heard in normal circumstances?		
Is a visual alarm indicator present in the workplace?		
Is your response to the fire alarm aided by the support of others?		
Do you work in isolation / times of low occupancy / in remote parts of the building etc.		
Is there access to vibrating pagers in the workplace?		
<b>Section B – Visual</b>		
Does the individual have any visual impairment? (If not go to Section C)		
Does the impairment impact on the individual’s ability to evacuate unassisted? (if not go to Section C)		
Does the individual currently use an aid to move around the workplace? Please provide details:		
How long would it take to leave the building unaided using the nearest available exit?	.....	min
Do you believe the time taken would have the potential to impact on other building users evacuating via corridors and/or stairwells?		
Could you safely exit the building by an alternative exit should the normal one be unavailable?		
Are there other issues you wish to highlight or solutions that may assist you? If so please provide details below:		
<b>Section C - Mobility</b>		
Do you have mobility impairment? (if no, go to section D)		
Are you able to leave the building unassisted? (if yes go to Section D)		
Do you use / require a wheelchair?		
Is the use of a wheelchair required at all times?		
Is the wheelchair a standard size / weight? Enter details below		
Width (mm)		
Weight (kg).....		

Is the wheelchair powered?		
Are you able to self-transfer to an evacuation aid if required?		
Could the medical nature of your disability be aggravated by the use of such a device?		
Has a member of staff (and a deputy) been assigned to assist you in an emergency? Provide details below		
Name:		Extension
Are there other issues you wish to highlight or solutions that may assist you? If so please provide details below:		
<b>Section D – General Information</b>		
Do you understand the concept of a Fire Refuge area?		
Do you know where the nearest accessible refuge is located?		
Might the measures needed for you to escape from the building in an emergency adversely affect the safe escape of other occupants? If yes, why/how?		
Do you think that any special staff training is required to give you the assistance that you would need in an emergency?		
Do you know what the Emergency Evacuation procedures are in the Building(s) in which you work or visit?		
Do you require written Emergency Evacuation procedures?		
Is the signage marking the emergency exists clear and legible?		
Could you raise the alarm if you discovered a Fire?		
Are there any other issues / concerns that you have in relation to your evacuation plan? If so provide details below:		
Use the space below for any other notes believed to be pertinent to this assessment		

## APPENDIX F - Personal Emergency Evacuation Plan (PEEP)

Name:		Assignment No.	
Job Title:			
Building(s):		Department(s):	
Floor(s):		Manager: (print name)	
Date of Assessment		Manager: (signature)	
Awareness of Procedure: I have received a copy of information about the emergency evacuation procedures in: (tick)			
Braille	Sign Language	Print	Large Print
Disk	Other – Specify		
Alarm System: I am informed of an Emergency by: (tick all that apply)			
Existing Alarm	Visual Alarm	Pager	Vibrating Alarm
Colleagues	Other - Specify		
Designated Assistance: The following people have been designated to provide assistance when I need to evacuate the building in an emergency.			
Name:		Contact Number:	
Methods of Assistance The following equipment is required / has been provided to aid evacuation			
Evac Chair	ResQmat	Mechanical Hoist	Vibrating Pager
None Required	Other - Specify		
The equipment listed above is required at the following locations			
Confirmation of Use of Equipment			
The use of the equipment I need has been explained to me			Yes      No
I require further training on the use of evacuation equipment			Yes      No
Evacuation Procedure:			

These are the step by step instruction beginning from the sounding of the first alarm	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
Attached a Plan if appropriate	
Confirmation of Receipt and use of PEEP	
I understand that I am responsible for keeping my PEEP as accurate as possible and alerting any change in circumstances to my line manager as soon as possible to ensure a prompt review	
The data provided on this form and on the questionnaire will only be available to UHL staff, who may require the information for the purpose of safeguarding your health, safety and wellbeing whilst you are at work. It may also be shared with the Emergency services if necessary.	
It will be stored in accordance with the Information Governance Policy and DPA	
I understand the above notice and give consent for my data to be shared as detailed above.	
Signature of Staff Member:	Signature of Line Manager:
Date:	Date:





# Appendix G – Local Fire Safety Induction Checklist

## Local Fire Safety Induction Checklist

<b>Name</b>	
<b>Role</b>	
<b>Date</b>	Click here to enter a date.
<b>Department</b>	
<b>Building</b>	Choose an item.
<b>Site</b>	Choose an item.






Induction Training Requirements
<p><b>All Staff, including Part-Time, Bank and Agency Staff, must receive a Local Fire Safety Induction on or before their first day of work, or on their relocating to a new work area.</b></p> <p><b>This may be delivered by the Staff members Line Manager, the Person in Charge or a Trained Fire Warden for the Area/Ward/Department.</b></p> <p><b>Where a Staff member is required or expected to work in a number of areas, it will be necessary to provide a Local Fire Safety Induction for each workplace.</b></p> <p><b>The Items listed below suggest Topics that should be covered during the Induction. A guide for the person providing the training is located in Appendix 'A' of this document.</b></p> <p><b>The details of the Induction, including the contents of the Training, should be held on file. The form can be printed out for file but is designed to be completed on computer and held as a digital copy.</b></p>



Topic for Induction	Trained by	Date	Completed
 Fire Evacuation Procedure		Click here to enter a date.	<input type="checkbox"/>
 Type and Location of Fire Extinguishers		Click here to enter a date.	<input type="checkbox"/>
 How to Operate a Fire Alarm Call Point		Click here to enter a date.	<input type="checkbox"/>
 Fire Alarm Control & Graphics Panels		Click here to enter a date.	<input type="checkbox"/>



## Local Fire Safety Induction Checklist

	Continuous & Intermittent Alarms		Click here to enter a date.	<input type="checkbox"/>
	How to make an Emergency Call '2222'		Click here to enter a date.	<input type="checkbox"/>
	Good Housekeeping Rules		Click here to enter a date.	<input type="checkbox"/>
	Annual Fire Training completed / in date		Click here to enter a date.	<input type="checkbox"/>
	Miscellaneous Other Information Required (e.g. Evacuation aids & evacuation lifts)		Click here to enter a date.	<input type="checkbox"/>

The form should be signed off on completion of the training by the person in charge of the Ward/Department/Area

<b>Name</b>	
<b>Role</b>	
<b>Date</b>	Click here to enter a date.
<b>Sign</b>	

## Local Fire Safety Induction Checklist

### Appendix 'A' Guidance for Instruction

#### Fire Evacuation Procedure

- Show the inductee the documented procedure and explain the process for the Department.

#### Type & Location of Fire Extinguishers

- Show the inductee the location of the fire extinguishers and cover what type of fires you would use them on:-
  - CO2 – fires involving electricity
  - Foam – flammable solid (wood/paper/textiles) and flammable liquid (fuels/oils/lubricants) fires
- Do not tackle the following fires:-
  - Those involving cylinders
  - Gas fires
  - Metal fires

#### How to Operate a Fire Alarm Call Point

- Show the inductee the location of the break glass call points.
- Describe how to operate in an emergency.
- Explain that the light (LED) comes on when activated.

#### Fire Alarm Control & Graphics Panels

- Show the inductee the location and how to interpret the information on the panels.

#### Continuous & Intermittent Alarms

- Explain the difference between the continuous and intermittent fire alarm sounds.

#### How to make an Emergency Call '2222'

- Explain the emergency number is '2222' and when to use it with regards to fire related incidents.
  - Confirming fire or false alarm.

#### Good Housekeeping Rules

- Keeping flammables a safe distance from any potential ignition source.
- Storage rules within the Department – in store rooms and not obstructing the means of escape.

## Local Fire Safety Induction Checklist

### Annual Fire Training completed / in date

- Ensure that HELM training is carried out within 6 weeks of arrival.

### Miscellaneous Other Information

- Inform inductee of any extra information required for the Ward/Department of a fire safety nature; e.g.
  - Oxygen safety (isolations & cylinders)
  - Evacuation lifts
  - Evacuation aids

#### **1. Introduction**

This guideline contributes to the fulfilment of developing fire safety protocols as stated in Health Technical Memorandum 05-01: Managing healthcare fire safety (second edition). This protocol addresses 'Fire Prevention - Arson'

#### **2. Scope**

This protocol will be implemented throughout all premises, or parts of premises, which the Trust occupies or those for which the Trust is responsible for maintaining the building fabric.

#### **3. Recommendations, Standards and Procedural Statements**

The safety of patients, visitors, staff and other building users relies upon preventing the occurrence of fire. Whilst the building and its contents are designed to minimise the spread of any fire that occurs, the Trust staff, volunteers, contractors and other employees can minimise the likelihood that a fire occurs through their vigilance and appropriate control of items that may contribute to a fire.

Arson (wilful fire-raising) is a particular challenge within the healthcare environment and still accounts for a large percentage of fires requiring attendance by the Fire and Rescue Services.

The motivations for arson are varied and at times complex, however, the majority of arson attacks are motivated by one of the following factors:

- Mental ill-health
- Grievances
- Economic / Political objectives
- Criminal Activity
- Children
- Fraud

## ARSON PREVENTION

No.	Good Housekeeping
3.1	<p>Arsonists will be frustrated in their efforts to start a fire if there is no fuel to burn.</p> <p>The following rules must be observed:</p> <ul style="list-style-type: none"><li>a) All rubbish must be kept secured in the department until it is removed by facilities staff.</li><li>b) Waste (of any description) should not be allowed to accumulate in public or private areas.</li><li>c) External rubbish collection points should not be located on external walls of buildings where they could pose a threat to the building or its occupants.</li><li>d) All equipment not in use should be stored away from public access areas.</li><li>e) Flammable liquids are to be kept in a secured flammable cabinet when not in use.</li><li>f) Where paper towels are used a 30-minute fire proof towel bin with a self-closing lid should be in place.</li></ul>

## ARSON PREVENTION

No.	Restriction of Entry
3.2	<p>Members of staff must be alert to identifying strangers in their work environments.</p> <p>It is therefore appropriate that staff fully understand the policies relating to security and identification.</p> <p>Other measures that might need to be in force can be assessed by use of risk assessment, such measures are:</p> <ul style="list-style-type: none"> <li>a) Local policy that is adhered to for closing down at end of the working day, a manager/member of staff nominated to complete a closing down inspection (this can also be in patient areas once visitors have left)</li> <li>b) Booking in system for patients</li> <li>c) Lock fire hazard room doors</li> <li>d) Check that everyone who has entered the department has left on the conclusion of his or her business.</li> <li>e) Challenge anyone acting suspiciously; contact Security through 2222 if required</li> </ul>

## ARSON PREVENTION

No.	Fire Hazards Areas – Staff Access
3.3	<p>Only members of staff and authorised contractors are to be allowed entry into the fire hazard rooms, they must be kept locked at all other times, fire hazard rooms include (but not limited to):</p> <ul style="list-style-type: none"> <li>a) Cleaner's stores/cupboards;</li> <li>b) Chemical stores;</li> <li>c) Clothes or linen cupboards;</li> <li>d) Store rooms (including gas and/or flammable liquid);</li> <li>e) Ward Kitchens;</li> <li>f) Medical record stores;</li> <li>g) Stationery Cupboards;</li> <li>h) Staff Changing Rooms.</li> </ul>

## ARSON PREVENTION

No.	Fire Hazard Areas – Specialist Access
3.4	<p>Only Estates/Facilities staff and authorised contractors are to have access to the following areas (but not limited to):</p> <ul style="list-style-type: none"> <li>a) Lift motor rooms</li> <li>b) Plant rooms</li> <li>c) Electrical intake rooms or cupboards</li> <li>d) Main gas intake rooms</li> </ul>

**ARSON PREVENTION**

	e) Gas bottle storage or manifold rooms f) Workshops g) Any confined spaces – roof-spaces, ducts or voids etc. h) Bulk flammable liquid stores
--	---

**4. Education and Training**

Arson prevention methodology is documented with the Fire induction booklet, referenced within the e-learning Fire Safety package and forms the basis of all Fire Safety Training delivered by the Trust

**5. Monitoring and Audit Criteria**

All audit and monitoring arrangements are documented in section 8 of the Fire Safety Policy A7/2002

**6. Legal Liability Guideline Statement**

See section 6.4 of the UHL Policy for Policies for details of the Trust Legal Liability statement for Guidance documents

**7. Supporting Documents and Key References**

- UHL Fire Safety Policy
- UHL Control of Contractors Policy
- UHL Fire Safety Management Guidelines

**8. Key Words**

Fire Safety / Arson / Housekeeping / Security

This line signifies the end of the document

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
<b>Author / Lead Officer:</b>	Michael Blair	<b>Job Title:</b> Associate Director of Health, Safety & Compliance.	
<b>Reviewed by:</b>	UHL Fire Safety Committee and the UHL Health and Safety Committee		
<b>Approved by:</b>	UHL Health and Safety Committee	<b>Date Approved:</b> 30/09/20	
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
DISTRIBUTION RECORD:			
Date	Name	Dept	Received

**1. Introduction**

This guideline contributes to the fulfilment of developing fire safety protocols as stated in Health Technical Memorandum 05-01: Managing healthcare fire safety (second edition). This protocol addresses ‘Fire Prevention - Controlling Sources of Fuel’

**2. Scope**

This protocol will be implemented throughout all premises, or parts of premises, which the Trust occupies. It is applicable to all directly and indirectly employed staff, and another person or organisation which uses Trust Services or premises. It applies also to bank, temporary staff groups, volunteers, young workers and any contractors working on Trust business.

**3. Recommendations, Standards and Procedural Statements**

The safety of patients, visitors, staff and other building users relies upon preventing the occurrence of fire. Whilst the building and its contents are designed to minimise the spread of any fire that occurs, the Trust staff, volunteers, contractors and other employees can minimise the likelihood that a fire occurs through their vigilance and appropriate control of items that may contribute to a fire.

The control of fuels in the form of combustible materials is another critical element in fire prevention since a fire can only start and develop if there is sufficient fuel available.

Whilst many of the combustible materials present in the healthcare environment are either naturally fire retardant or treated with fire retardant chemicals to limit their potential for fire spread, such properties do not prevent those items from being ignited.

In the presence of a sustained heating or in an oxygen enriched atmosphere, such protection is likely to be overcome.

<b>CONTROL OF FUEL SOURCES (Combustible Materials)</b>	
<b>No.</b>	<b>Paper Goods and other Consumable / Disposable items</b>
3.1	<p>Paper goods and many other disposable / consumable items represent a significant source of fuel given their abundance and availability in the healthcare environment.</p> <p>Such combustible items must be kept away from any sources of heat and in particular items with the potential to produce a naked flame or sparks, or any item whose operation produces elevated temperatures such as heaters or cooking appliances.</p> <p>Care must be taken to ensure that significant quantities of paper goods and other combustible disposable items are stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction.</p> <p>The quantity of paper goods and other combustible disposable items stored in any area should be kept to the minimum quantity necessary to meet operational requirements.</p>



## CONTROL OF FUEL SOURCES (Combustible Materials)

No.	Linen
3.2	<p>As with paper goods, linen represents a significant source of fuel given its abundance and availability in the in-patient, healthcare environment.</p> <p>Items such as bedding, clothing, towels etc. will exhibit some fire retardant properties, however, these items must be kept away from any sources of heat and in particular items with the potential to produce a naked flame or sparks, or any item whose operation produces elevated temperatures such as heaters or cooking appliances.</p> <p>Linen must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction.</p> <p>The quantity of linen stored in any area should be kept to the minimum quantity necessary to meet operational requirements.</p>

## CONTROL OF FUEL SOURCES (Combustible Materials)

No.	Curtains and Screens
3.3	<p>Such items will exhibit some degree of fire retardant protection; however, their vertical orientation means that fire can spread more rapidly along these items than if they were in a horizontal orientation.</p> <p>Particular care should be taken to ensure that curtains and screens are kept away from potential sources of heat and specifically that they are not allowed to be draped over electrical equipment where they may block ventilation openings or otherwise prevent appropriate air movement around equipment.</p> <p>Staff should be mindful of the potential for air movements from open windows to deflect curtains and drapes such that they may unintentionally come into contact with sources of heat.</p> <p>Curtains, drapes and screens must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction.</p> <p>The quantity of curtains and screens stored in any area should be kept to the minimum quantity necessary to meet operational requirements.</p>

## CONTROL OF FUEL SOURCES (Combustible Materials)

No.	Furniture
3.4	<p>Whilst generally the majority of furniture in the healthcare environment is constructed using combustible materials, the main cause for concern relates to upholstered furniture since such items have the potential to burn rapidly once involved in a fire.</p> <p>The upholstered furniture provided in healthcare premises should meet a minimum fire retardant standard and with the exception of relatively low risk areas such as offices, should meet the fire performance standards relating to ignition sources 0, 1 &amp; 5.</p> <p>This should be clearly identified on a label permanently affixed to the furniture item.</p> <p>In low risk areas the fire performance standards relating to ignition sources 0 &amp; 1 should be met.</p> <p>Despite the level of fire retardant protection and tested fire performance of items of furniture, it important to ensure that items of furniture are kept away from any sources of heat and in particular any item whose operation produces elevated temperatures such as heaters.</p> <p>Particular care should be taken to ensure that patient bedhead light units are not allowed to contact items of furniture, or be energised when in close proximity to furniture where the heat produced from the light unit may be sufficient to ignite the furniture or cause it to char or smoulder.</p> <p>Upholstered furniture is particularly vulnerable to fire when the outer cover has become damaged whether through wear or vandalism.</p> <p>If the cover fabric is damaged and the filling material is exposed, the item of furniture should be withdrawn from use and repaired as soon as possible, irrespective of its location. Items that cannot be economically repaired should be disposed of.</p> <p>Furniture not in use must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction and the quantity being stored in any area should be kept to the minimum quantity necessary to meet operational requirements.</p> <p>Items that require disposal should be logged with the Logistics team via the CSC on 7888 or <a href="mailto:facilitieshelpdesk@uhl-tr.nhs.uk">facilitieshelpdesk@uhl-tr.nhs.uk</a> to arrange disposal until collected items for disposal shall not be stranded within the circulation spaces or stairwells.</p>

## CONTROL OF FUEL SOURCES (Combustible Materials)

No.	Flammable Liquids
3.5	<p>The control of flammable liquids is particularly important since they are generally more volatile and can be used to accelerate the development of a fire.</p> <p>Whilst flammable liquids generally represent a greater fire hazard than a comparable quantity of solid combustible material, their availability is usually much lower than that of other combustible materials.</p> <p>When not in use, containers of flammable liquids should be kept closed and stored in suitable cabinets of fire-resisting construction designed to retain spills (110% volume of the largest vessel normally stored in it).</p> <p>These should be located in designated areas that are, where possible, away from the immediate ward area and do not jeopardise the means of escape from the ward and/or department.</p> <p>The flammable liquids should be stored separately from other dangerous substances that increase the risk of fire or compromise the integrity of the container; such as oxidizers and corrosive materials. While these may also be classified as flammable liquids it is still inappropriate to store these in the same cabinets as other flammable liquids.</p> <p>Recommended maximum quantities stored in cabinets should not exceed 50 litres for extremely, highly flammable and those flammable liquids with a flashpoint below the maximum ambient temperature of the ward and/or department; and no more than 250 litres for other flammable liquids with a flashpoint of up to 55°C.</p> <p>These quantities are intended to be viewed as recommended maxima representing good safe practice, rather than be taken as absolute limits.</p> <p>Where a need it is identified to store quantities in excess of the recommended maxima, the risk assessment should take into account:</p> <ul style="list-style-type: none"><li>▪ the properties of the materials to be stored (For mixed storage the worst case situation should be applied, i.e. all materials in the storage cupboard or bin should be considered as being the same material as the one that has the lowest flashpoint)</li><li>▪ the size of the area and the number of people working in it</li><li>▪ the amount of flammable liquids being handled in the area and the quantities of liquid that may be accidentally released or spilled</li><li>▪ ignition sources in the area and potential fire spread in the event of an ignition</li><li>▪ exhaust ventilation provision to the area and / or the storage container</li><li>▪ the fire performance of the storage cupboard or bin</li><li>▪ the arrangements for closing the cupboard or bin doors/lid in the event of a fire</li><li>▪ means of escape from the workroom / working area.</li></ul>

### CONTROL OF FUEL SOURCES (Combustible Materials)

<b>No.</b>	<b>Alcohol Based Sanitiser</b>
3.6	<p>Whilst readily available, the quantities of sanitiser present in any one discrete dispenser do not represent a significant fire hazard.</p> <p>However, where sanitiser liquids and gels are brought into contact with permeable combustible items such as paper goods, textiles or upholstered furniture coverings, the fire risk increases significantly. Hence, care should be taken to limit the potential for sanitiser fluids to inadvertently contaminate other combustible materials, and staff should be vigilant for potential acts of deliberate contamination.</p> <p>All sanitiser fluids that are readily accessible should be contained within an appropriate dispenser positioned in a suitable location.</p> <p>The quantity of sanitiser made available should be kept to the minimum necessary to meet operational requirements and infection prevention guidance.</p> <p>Sanitiser fluids not fitted within approved dispensers must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction</p> <p>The quantity being stored in any area should be kept to the minimum quantity necessary to sustain immediate operational requirements.</p> <p>In any case, the total volume of sanitiser fluids present in any patient accessed department (quantity in dispensers and being stored) must not exceed 25 litres.</p>

### CONTROL OF FUEL SOURCES (Combustible Materials)

<b>No.</b>	<b>Cleaning Solvents</b>
3.7	<p>Although the majority of cleaning products in use do not contain flammable solvents, there may be instances where their use cannot be avoided.</p> <p>In such cases, care must be taken to ensure that such solvent based liquids are not used on surfaces with elevated temperatures such as heaters or cooking appliances.</p> <p>Any cleaning cloths or other permeable materials that have been contaminated with solvent based fluids must be thoroughly aired and, where possible, thoroughly rinsed through to remove any solvent residue, prior to their storage or disposal.</p> <p>Solvent based cleaning fluids must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction, and the quantity being stored in any area should be kept to the minimum quantity necessary to meet immediate operational requirements.</p>

## CONTROL OF FUEL SOURCES (Combustible Materials)

No.	Fats and Oils
3.8	<p>Generally any significant quantities of fats and oils will only be present in the main catering facilities.</p> <p>When cooking with fats and oils it is important to ensure that the temperature of the cooking appliance is appropriately set to prevent ignition.</p> <p>Care should be taken when filling cooking equipment such as deep-fat fryers with oil to avoid overfilling and spills. Any spills should be immediately cleaned up.</p> <p>Before emptying oils from deep-fat fryers, the oil must be allowed to cool, preferably overnight. The oil should be drained into a suitably sized metal or heat resistant container provided with a secure lid and appropriate carrying handles or other means for the safe transportation of the waste oil.</p> <p>Waste oils must only be stored in designated storage areas which if inside the building must be provided with appropriate fire detection and fire resisting construction and if outside must be suitably secured to prevent unauthorised access.</p> <p>The quantity of oils and fats stored, including waste oils, in any area should be kept to the minimum quantity necessary to meet immediate operational requirements.</p>

## CONTROL OF FUEL SOURCES (Combustible Materials)

No.	Aerosols
3.8	<p>Since the banning of CFCs as propellants in aerosol containers, butane and propane gasses are widely used instead. These and other similar products are extremely flammable. It is important therefore to ensure that aerosols are used carefully and never sprayed at or near items with the potential to produce a naked flame or sparks, or any item whose operation produces elevated temperatures such as heaters or cooking appliances.</p> <p>Wherever possible, products packaged in pressurised aerosol containers should be replaced with non-aerosol sprays.</p> <p>Pressurised aerosol containers must be kept away from all items potential heat sources, even when empty.</p> <p>Pressurised aerosol containers must not be disposed of in the general waste but must be kept separately for collection and appropriate disposal.</p> <p>Where multiple pressurised aerosol containers are to be stored, they must only be stored in designated storage areas which are provided with appropriate fire detection and fire resisting construction.</p> <p>The quantity of pressurised aerosol containers being stored in any area should be kept to the minimum quantity necessary to meet immediate operational requirements.</p>

## CONTROL OF FUEL SOURCES (Combustible Materials)

No.	Combustible Waste(s)
3.9	<p>The modern healthcare environment generates considerable volumes of combustible waste and regular collection of waste material is essential, from wards and patient treatment areas and from designated holding points.</p> <p>Wherever possible, the volume of combustible waste that may be present in ward and patient treatment areas should be minimised.</p> <p>Where practicable, this may be achieved by removing the outer packaging of supplies prior to delivery to the ward or patient treatment area.</p> <p>Waste materials must only be placed in officially provided containers, and at designated collection points such as disposal holds and refuse stores.</p> <p>In no circumstances should combustible waste be allowed to remain in corridors, even on a temporary basis, unless stored in a designated waste bin.</p> <p>Designated waste bins with lockable lids are provided for depositing waste and staff should ensure that the waste bin lids remain locked at all times, particularly where the waste bin is located in a publically accessible area.</p> <p>Waste bins must not be allowed to overflow such that the bin lid cannot be locked shut. If additional waste bins are required contact the Customer Service Centre (CSC) on 7888 or via <a href="mailto:facilitieshelpdesk@uhl-tr.nhs.uk">facilitieshelpdesk@uhl-tr.nhs.uk</a> to request a waste collection.</p> <p>Combustible waste must not be placed in any cage or other such open structure unless contained within a designated secure disposal holds or refuse store which is provided with appropriate fire detection and fire resisting construction.</p>

#### **4. Education and Training**

The control of fuel sources is documented with the Fire induction booklet, referenced within the e-learning Fire Safety package and forms the basis of all Fire Safety Training delivered by the Trust

#### **5. Monitoring and Audit Criteria**

All audit and monitoring arrangements are documented in section 8 of the Fire Safety Policy A7/2002

#### **6. Legal Liability Guideline Statement**

See section 6.4 of the UHL Policy for Policies for details of the Trust Legal Liability statement for Guidance documents

#### **7. Supporting Documents and Key References**

UHL Fire Safety Policy

UHL Control of Contractors Policy

UHL Fire Safety Management Guidelines

#### **8. Key Words**

Fire Safety / Flammable Liquids / Furniture /

Fuel This line signifies the end of the

---

document

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

<b>DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT</b>			
<b>Author / Lead Officer:</b>	Michael Blair	<b>Job Title:</b> Head of Compliance	
<b>Reviewed by:</b>	UHL Fire Safety Committee and the UHL Health and Safety Committee		
<b>Approved by:</b>	UHL Health and Safety Committee	<b>Date Approved:</b> 30/09/20	
<b>REVIEW RECORD</b>			
<b>Date</b>	<b>Issue Number</b>	<b>Reviewed By</b>	<b>Description Of Changes (If Any)</b>
<b>DISTRIBUTION RECORD:</b>			
<b>Date</b>	<b>Name</b>	<b>Dept</b>	<b>Received</b>

**1. Introduction**

This guideline contributes to the fulfilment of developing fire safety protocols as stated in Health Technical Memorandum 05-01: Managing healthcare fire safety (second edition). This protocol addresses ‘Fire Prevention - Controlling Sources of Oxygen and Oxidisers ’

**2. Scope**

This protocol will be implemented throughout all premises, or parts of premises, which the Trust occupies. It is applicable to all directly and indirectly employed staff, and any other person(s) or organisation(s) which uses Trust Services or premises. It applies also to bank, temporary staff groups, volunteers, young workers and any contractors working on Trust business.

**3. Recommendations. Standards and Procedural Statements**

The safety of patients, visitors, staff and other building users relies upon preventing the occurrence of fire. Whilst the building and its contents are designed to minimise the spread of any fire that occurs, the Trust staff, volunteers, contractors and other employees can minimise the likelihood that a fire occurs through their vigilance and appropriate control of items that may contribute to a fire.

Whilst it is generally not possible or desirable to remove oxygen from the premises, the presence of higher concentrations of oxygen can increase the likelihood that a fire may start and increase the intensity of a fire once ignited. It is therefore important to limit the potential for oxygen concentration to rise above that normally present in atmospheric air.

Patients receiving medical gases with a higher than atmospheric concentration of oxygen through a mask must be warned of the potential dangers of using products containing volatile substances such as paraffin based lip balms and some topical skin treatments.

CONTROL OF OXYGEN and OXIDISERS	
No.	Piped Medical Gases
3.1	<p>Care should be taken to ensure that the piped medical gas outlets are turned off when not in use.</p> <p>Before connecting or operating the medical gas system care should be taken to ensure that hands are clean and that any hand sanitiser has fully evaporated.</p> <p>Where patients are receiving medical gas by means of a mask or nasal cannula, patients should be made aware of the particular dangers of removing the mask or cannula and placing it upon their bedding, clothing or other permeable fabric whilst the gas is still being supplied.</p> <p>Bedding that has become saturated with oxygen is readily ignited with the oxygen enriched atmosphere effectively overcoming any fire retardant protection of the fabric.</p>



## CONTROL OF OXYGEN and OXIDISERS

No.	Medical Gas Cylinders
3.2	<p>Where medical gas cylinders are in use care must be taken to ensure sufficient ventilation in the immediate vicinity of the gas cylinder and in the room of use to prevent an increase in oxygen concentration.</p> <p>Before handling or operating any medical gas cylinder care should be taken to ensure that hands are clean and that any hand sanitiser has fully evaporated.</p> <p>When in use cylinders should be firmly secured to a suitable cylinder support.</p> <p>Cylinders should not be placed on patients beds, they must be placed in specifically designed holders where they can be kept away from direct contact with combustible materials.</p> <p>Medical gas cylinders should be stored in appropriate storage racks or trolleys to prevent them being knocked over, and away from combustible materials.</p> <p>Cylinders larger than size AE, or where more than two smaller cylinders are to be stored, should be stored in a designated room provided with appropriate fire detection, fire resisting construction and ventilation.</p>

## CONTROL OF OXYGEN and OXIDISERS

No.	Oxidising Agents
3.3	<p>Although most oxidising materials do not burn themselves, they can produce very flammable or explosive mixtures when combined with combustible materials.</p> <p>Oxidising substances (e.g. peroxides and nitrates) should be stored in a COSHH metal cabinet well away from organic matter such as wood and paper.</p> <p>Oxidising agents should never be stored in a wooden cabinet or be stored with flammable solvents or reducing agents since this may result in fire or explosion, particularly if a spillage occurs, even without a naked flame or heat present.</p> <p>The volume of oxidising agents being stored should be kept to the minimum quantity necessary to meet operational requirements.</p>

#### **4. Education and Training**

The control of oxygen sources is documented with the Fire induction booklet, referenced within the e-learning Fire Safety package and forms the basis of all Fire Safety Training delivered by the Trust.

#### **5. Monitoring and Audit Criteria**

All audit and monitoring arrangements are documented in section 8 of the Fire Safety Policy A7/2002

#### **6. Legal Liability Guideline Statement**

See section 6.4 of the UHL Policy for Policies for details of the Trust Legal Liability statement for Guidance documents

#### **7. Supporting Documents and Key References**

UHL Fire Safety Policy

UHL Control of Contractors Policy

UHL Fire Safety Management Guidelines

#### **8. Key Words**

Fire Safety / Medical Gas / O2 / Oxygen / Oxidising Agent /

Cylinders This line signifies the end of the document

---

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

<b>DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT</b>			
<b>Author / Lead Officer:</b>	Michael Blair	<b>Job Title:</b> Head of Compliance	
<b>Reviewed by:</b>	UHL Fire Safety Committee and the UHL Health and Safety Committee		
<b>Approved by:</b>	UHL Health and Safety Committee	<b>Date Approved:</b> 30/09/20	
<b>REVIEW RECORD</b>			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
<b>DISTRIBUTION RECORD:</b>			
Date	Name	Dept	Received

#### **1. Introduction**

This guideline contributes to the fulfilment of developing fire safety protocols as stated in Health Technical Memorandum 05-01: Managing healthcare fire safety (second edition).

This protocol addresses Fire Stopping requirements / standards of the Trust.

The safety of patients, visitors, staff and other building users from fire relies upon the fire precautions present within the building.

A key element of these fire precautions is the physical structure which includes the building supporting elements, floors, and the internal walls and partitions (together with associated elements such as fire doors). These elements are designed to restrict the spread of fire and the passage of smoke.

Even small gaps or breaches in the fire resisting structures can allow the spread of fire and smoke through the building which may in turn impinge upon the safety of building occupants.

Fire stopping forms a vital part of such fire resisting structures by sealing gaps between fire resisting elements, sealing around building services that may penetrate fire resisting elements, and re-instating the fire resistance of breaches through fire resisting elements.

It is vitally important that the appropriate fire stopping products are used and are applied correctly in order to maintain the fire performance of the elements to which they are installed.

#### **2. Scope**

This guideline will be implemented throughout all premises, or parts of premises, that the Trust owns or those for which the Trust is responsible for maintaining the building fabric and/or services.

#### **3. Recommendations, Standards and Procedural Statements**

## FIRE STOPPING

No.	Selection of Contractors
3.1	<p>It is important that any contractor providing fire stopping is competent to do so.</p> <p>All contractors appointed to provide fire stopping services must demonstrate their competence and the competence of their operatives in providing the services for which they have been commissioned prior to the commencement of their works.</p> <p>The use of third party accreditation is considered to be the most appropriate means by which a contractor's competency can be assured.</p> <p>To this end, any contractor providing fire stopping services must be accredited by at least one of the following schemes:</p> <ul style="list-style-type: none"><li>a) Firas – administered by Warrington Certification Ltd.</li><li>b) LPS 1531 – administered by the Loss Prevention Certification Board.</li><li>c) IFC Installer Certification – administered by IFC Certification Ltd.</li></ul> <p>Prior to appointment of a fire stopping contractor, a copy of the contractor's accreditation certificate should be obtained and its validity verified by means of a check with the accreditation body. The details of the accreditation certificate should be reviewed to ensure that the contractor has been accredited for the nature of the works to be undertaken.</p> <p>During fire stopping installation, and prior to completion and subsequent replacement of ceilings or other structures that may conceal the installation, the contractor must allow for the visual inspection of the fire stopping installation by the project manager and/or the fire safety manager/fire safety specialist officer or their appointed representative.</p> <p>Upon completion of the fire stopping installation, the contractor is required to submit the appropriate certification for the installation as detailed in the requirements of their accreditation.</p> <p>The fire stopping installation will not be accepted until the appropriate certification for the installation has been received and verified by the project manager.</p>

## FIRE STOPPING

No.	Recording and Records
3.2	<p>Selecting the appropriate fire stopping materials is paramount to maintaining the integrity or fire performance of the element(s) to which they are installed.</p> <p>Contractors selected to install fire stopping will ensure that the fire stopping materials selected are appropriate for the specific application for which they have been selected, and that the use of such materials is within the parameters of the product test certification.</p> <p>Prior to any installation details of the products to be used, copies of the test certificates and accompanying test reports for each product shall be provided to the project manager.</p> <p>The project manager should check the validity of all submitted product certification and verify that the installer's method statements comply with the limitations of the product certification.</p>

## FIRE STOPPING

<b>No.</b>	<b>Installation of Fire Stopping</b>
3.3	<p>All new fire stopping installations should use products from a single product range as produced by a single manufacturer. This approach is more likely to ensure that complimentary fire stopping products have been tested in combination and their performance has been determined.</p> <p>Where replacement or additional fire stopping is required in direct contact with existing fire stopping, materials from the same product range as the original fire stopping must be used.</p> <p>In circumstances where the existing fire stopping materials cannot be identified or the original products are no longer available, the existing fire stopping material should be removed and replaced with new fire stopping products as for a new installation.</p> <p>Prior to the commencement of fire stopping works, the contractor must submit detailed method statements to the project manager. The method statements provided by the contractor must detail:</p> <ul style="list-style-type: none"><li>a) the products to be used for each fire stopping scenario;</li><li>b) the construction arrangements including:<ul style="list-style-type: none"><li>I. key dimensions; any supporting elements;</li><li>II. fire performance;</li><li>III. Installation methods.</li></ul></li></ul>

## FIRE STOPPING

No.	Recording and Record keeping
3.4	<p>All fire stopping installations must be clearly labelled adjacent to each sealed gap, sealed service penetration and/or repaired breach in a fire separating element.</p> <p>The label should be permanently affixed to the fire separating element and should provide the following details:</p> <ul style="list-style-type: none"><li>a) The identity of the installer;</li><li>b) The product(s) used;</li><li>c) The fire performance achieved (integrity and insulation);</li><li>d) The date of installation.</li></ul> <p>The fire stopping installation will not be accepted without appropriate labelling.</p> <p>Upon completion of the fire stopping installation the contractor must submit record information to the project manager/consultant in both hard copy and electronic copy format which includes:</p> <ul style="list-style-type: none"><li>a) Details of the installer</li><li>b) Details of the products used for each gap sealed, service penetration sealed and each breach repaired including:<ul style="list-style-type: none"><li>I. A unique identification number;</li><li>II. Location;</li><li>III. Details of the fire separating element to which the fire stopping is installed;</li><li>IV. Product name;</li><li>V. Manufacturer;</li><li>VI. Quantity used;</li><li>VII. Manufactured date;</li><li>VIII. Product batch numbers;</li></ul></li><li>c) The fire performance achieved (integrity and insulation);</li><li>d) The date of installation.</li></ul> <p>Before and after photographic evidence (both hard copy and in electronic jpg file format), referenced by the location unique identification number, should be provided for each gap sealed, service penetration sealed and each breach repaired.</p> <p>The above to be uploaded onto the MICAD Database.</p>

### **4. Education and Training**

Prior to commencement of fire stopping works, the contractor must submit evidence relating to the competence of the operatives that are to undertake the fire stopping installation.

## **5. Monitoring and Audit Criteria**

All audit and monitoring arrangements are documented in section 8 of the Fire Safety Policy A7/2002

## **6. Legal Liability Guideline Statement**

See section 6.4 of the UHL Policy for Policies for details of the Trust Legal Liability statement for Guidance documents

## **7. Supporting Documents and Key References**

UHL Fire Safety Policy

UHL Control of Contractors Policy

UHL Fire Safety Management Guidelines

## **8. Key Words**

Fire Safety / Fire Risk Assessment / Fire

Stopping This line signifies the end of the

---

document

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

<b>DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT</b>			
<b>Author / Lead Officer:</b>	Michael Blair	<b>Job Title:</b> Head of Compliance	
<b>Reviewed by:</b>	UHL Fire Safety Committee and the UHL Health and Safety Committee		
<b>Approved by:</b>	UHL Health and Safety Committee	<b>Date Approved:</b> 30/09/20	
<b>REVIEW RECORD</b>			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
<b>DISTRIBUTION RECORD:</b>			
Date	Name	Dept	Received